Student Application Form

This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs. All staff at Vivekananda Global University are required by law to protect the information provided on this Enrolment Form. More information about privacy is included in the notice at the end of this form.

PART A – YOUR PERSONAL DETAILS

Title:	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Gender:	
Telephone:	
Mobile:	
Email:	
Alternative Email:	
Address:	Building Name:
	Unit Name:
	Street:
	Suburb/Town:
	State:
	Postcode:
	Country:

Are you currently in India? ☐ YES ☐ NO

Disability

Do you consider yourself to have a disability, impairment, or long-term condition?

☐ YES ☐ NO

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list (You may indicate more than one area):

☐	Hearing/deaf
☐	Physical
☐	Intellectual
☐	Learning
☐	Mental illness
☐	Acquired brain impairment
☐	Vision
☐	Medical condition
☐	Other

How did you hear about us?

☐ Website ☐ Agents ☐ Advertisements ☐ Friends ☐ Other

If Agent, please specify name: _____

PART B – COURSES

Please tick the course/s you are applying for, to study at Boston College.

Tick	Course code	Qualification	Duration (weeks)	CRICOS Code
☐	SIT40521	Certificate IV in Kitchen Management	52	114308K
☐	SIT50422	Diploma of Hospitality Management	13	114309J

Do you wish to apply for Credit Transfer?

If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Transfer Application Form. ☐ Yes ☐ No

Reason to choose the above course(s):

☐	To get a job
☐	To develop my existing business
☐	To start my own business
☐	To try for a different career
☐	To get a better job or promotion
☐	It was a requirement of my job
☐	I wanted extra skills for my job
☐	To get into another course of study
☐	For personal interest or self-development
☐	Other reasons
Please Specify:	

Have you enrolled with Vivekananda Global University before? ☐ YES ☐ NO

PART C – EDUCATION HISTORY

Please provide details and documentation of your past education including the highest qualification completed (attach with the form).

Year Completed	Name of Institution	State / Country	Name of Qualification	Course Duration

PART F – NEXT OF KIN/EMERGENCY CONTACT

Next of kin are people that Vivekananda Global University may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Vivekananda Global University.

In Australia (if any):

Name:		Relationship to you:	
Address:	Building Name:		
	Unit Name:		
	Street:		
	City:		
	State:		
	Postcode:		
	Country:		
Email:		Phone:	

PART G – MEDIA CONSENT

From time to time, Vivekananda Global University staff may request to take photographs/videos or verbal/written interviews/testimonials of students at Vivekananda Global University or at places where the student is involved in an activity. These creations may be used in a classroom or on-the-job work activities or could be published by Vivekananda Global University in print, digital or broadcast media such as documents, student magazine, website, TV, newsletters, displays, journals, professional development materials for trainers and marketing collateral. Staff may also at times request students provide any of the above of the students' own creation for the same purposes.

☐ I do give consent to Vivekananda Global University using any of the above materials involving me for the purposes outlined above.

☐ I do not give consent to Vivekananda Global University using any of the above materials involving me for the purposes outlined above.

Student Name			
Student Signature		Date:	